

APPLICATION FOR EMPLOYMENT City of Portland, TN

Personal Information

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

NUMBER/STREET

APT

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

SOCIAL SECURITY #

Date: _____

Position desired: _____

Are you applying for:

___ full-time ___ part-time ___ seasonal

Please tell us the earliest and latest times you can work each day.

DAY	Earliest	Latest
Sunday		
Monday		
Tuesday		
Wed.		
Thurs.		
Friday		
Saturday		

Have you applied with the City of Portland before? ___ Yes ___ No

Have you been employed by the City of Portland before? ___ Yes ___ No

Do you currently have relatives working for the City of Portland? ___ Yes ___ No
If so where? _____

Are you 18 years of age or older? ___ Yes ___ No

Do you have a legal right to work in the United States? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No (note: this may be relevant if job-related, but not bar you from employment)

If yes, please explain: _____

Driver's License Number (if required by job:) _____

Education

Circle the last grade completed in high school: 8 or less 9 10 11 12 GED

Name of school: _____

Circle last year of school attended below and if graduated:

College 1 2 3 4 Graduated

Tech School 1 2 3 4 Graduated

Business School 1 2 3 4 Graduated

Name of Current/ Last School Attended: _____

Major Area of Study: _____

Are you currently a student? ___ Yes ___ No

List additional training received that may apply to the job: _____



100 South Russell Street
Portland, TN 37148

Work History (List below all present and past employment information and /or substance
volunteer work beginning with the most recent.)

EMPLOYER		Job Duties	Employment Dates		Pay Rate	Reason for Leaving
			From	To	Start/End	
NAME						
ADDRESS						
CITY/STATE/ZIP						
PHONE						
SUPERVISOR						May we contact this employer? __Yes __ No
NAME						
ADDRESS						
CITY/STATE/ZIP						
PHONE						May we contact this employer? __Yes __ No
SUPERVISOR						
NAME						
ADDRESS						
CITY/STATE/ZIP						May we contact this employer? __Yes __ No
PHONE						
SUPERVISOR						
NAME						
ADDRESS						May we contact this employer? __Yes __ No
CITY/STATE/ZIP						
PHONE						
SUPERVISOR						

COMPLETED DURING INTERVIEW
Based on the JOB DESCRIPTION of position for which you are applying:
Are you able to perform the essential functions of the job for which you have applied?
___ Yes, but I will need reasonable accommodations in order to perform the essential functions (please list below any accommodations you will need in order to adequately perform the essential functions of the position:

___ Yes, and I will not need reasonable accommodations in order to perform the essential functions.

References (Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities.)

NAME	MAILING ADDRESS	YEARS KNOWN	PHONE

The City of Portland is an EQUAL OPPORTUNITY EMPLOYER
AND DOES NOT DISCRIMINATE on the basis of race, sex, color,
religion, national origin, age, or disability in employment
opportunities and benefits.

Important: I certify that the information on this application and/or attached resume is correct and complete to the best of my knowledge and authorize the City of Portland to verify any data.
I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature

Date